

**Annexure – I**

**AFFIDAVIT BY THE STUDENT**

- 1) I, \_\_\_\_\_ (Full name of the student) S/O-D/O of Mr./Mrs. having been admitted in \_\_\_\_\_ course and as per the policy of the University has received a copy of ANTI ALCOHOL/ANTI DRUG ABUSE Policy of Mahindra University, Hyderabad (hereinafter called the “Policy”) and have carefully read and fully understood the provisions contained in the said Policy.
- 2) I have, in particular, perused and fully understood all the clauses in the Policy and am fully aware of the penal and administrative action that is liable to be taken against me in case I am found guilty of the purchase, possession, use, consumption, sale, distribution or storage of any alcoholic beverage, controlled substance, smoking or illegal drug on university campus, training sites or at any of the UNIVERSITY sponsored students’ events, conferences and activities actively or passively, or being part of conspiracy to promote such activities on the University Campus.
- 3) I hereby affirm that, if found guilty as mentioned in the clauses above, I am liable for punishment according to the Policy, without prejudice to any other criminal action that may be taken against me under any penal law for the time being in force.

Declared this \_\_\_\_\_ day of \_\_\_\_\_ month of \_\_\_\_\_ year \_\_\_\_\_

Signature of the Student

Mobile Number \_\_\_\_\_

**VERIFICATION**

Verified that the contents of this affidavit are true to the best of my knowledge and no part of the affidavit is false and nothing has been concealed or misstated therein.

Place:

Date:

Signature of the Student

## **ANNEXURE – II**

### **AFFIDAVIT BY THE PARENT/GUARDIAN**

- 1) I, \_\_\_\_\_ Mr./Mrs. (full name of Parent/Guardian) father / mother / guardian of \_\_\_\_\_ (full name of the student) having been admitted to the \_\_\_\_\_ course have received copy of the ANTI ALCOHOL/ANTI DRUG ABUSE Policy of Mahindra University, Hyderabad (hereinafter called the “Policy”) and have carefully read and fully understood the provisions contained in the said Policy.
- 2) I have, in particular, perused and fully understood the clauses of the Policy and am fully aware of the penal and administrative action that is liable to be taken against my ward in case he/she is found guilty of the purchase, possession, use, consumption, sale, distribution or storage of any alcoholic beverage, controlled substance, smoking or illegal drug on University Campus, training sites or at any of the UNIVERSITY sponsored students’ events, conferences and activities actively or passively, or being part of a conspiracy to promote such activities on the University Campus.
- 3) I hereby affirm that, if my ward is found guilty as mentioned in clauses above, he/she is liable for punishment according to disciplinary policy of the University, without prejudice to any other criminal action that may be taken against him under any penal law or any law for the time being in force.

Declared this \_\_\_\_\_ day of \_\_\_\_\_ month of \_\_\_\_\_ year  
\_\_\_\_\_

Signature of Parent/Guardian

Address: \_\_\_\_\_

Mobile Number: \_\_\_\_\_

### **VERIFICATION**

Verified that the contents of this affidavit are true to the best of my knowledge and no part of the affidavit is false and nothing has been concealed or misstated therein.

Signature of Parent/Guardian

Place:

Date: